# Risk Reduction Program Changes 2013 - 2014

Presenter Name: Kim Bushey

Vermont Department of Corrections

# Vision of VT DOC

To be valued by the citizen's of VT as a partner in the prevention, research and control of criminal behavior.

# Mission of VT DOC-cont.

- The mission breaks into four major areas:
  - Community Safety
  - Community Involvement & Restoration
  - Offender Safety
  - Offender Rehabilitation

# Mission of VT DOC

In partnership with the community,
we support safe communities
by providing leadership in crime prevention,
repairing the harm done,
addressing the needs of crime victims,
ensuring offender accountability for criminal acts
and managing the risk posed by offenders.

This is accomplished through
a commitment to quality services
and continuous improvement
while respecting diversity,
legal rights,
human dignity,
and productivity.

# VT DOC in Context

- Operates an integrated system of incarceration & field supervision services
- Incarceration includes detentioners and inmates serving time
- Field supervision includes offenders with imposed sentences “serving in the community” and Probationers with “suspended sentences”

# Structure

- VTDOC contracts with individuals and agencies to deliver risk reduction activities
- RRCs will report to central office program services staff and receive consultation from VTDOC central office staff
- RRCs will provide ongoing feedback, audits and consultation to both VTDOC and contracted provider staff

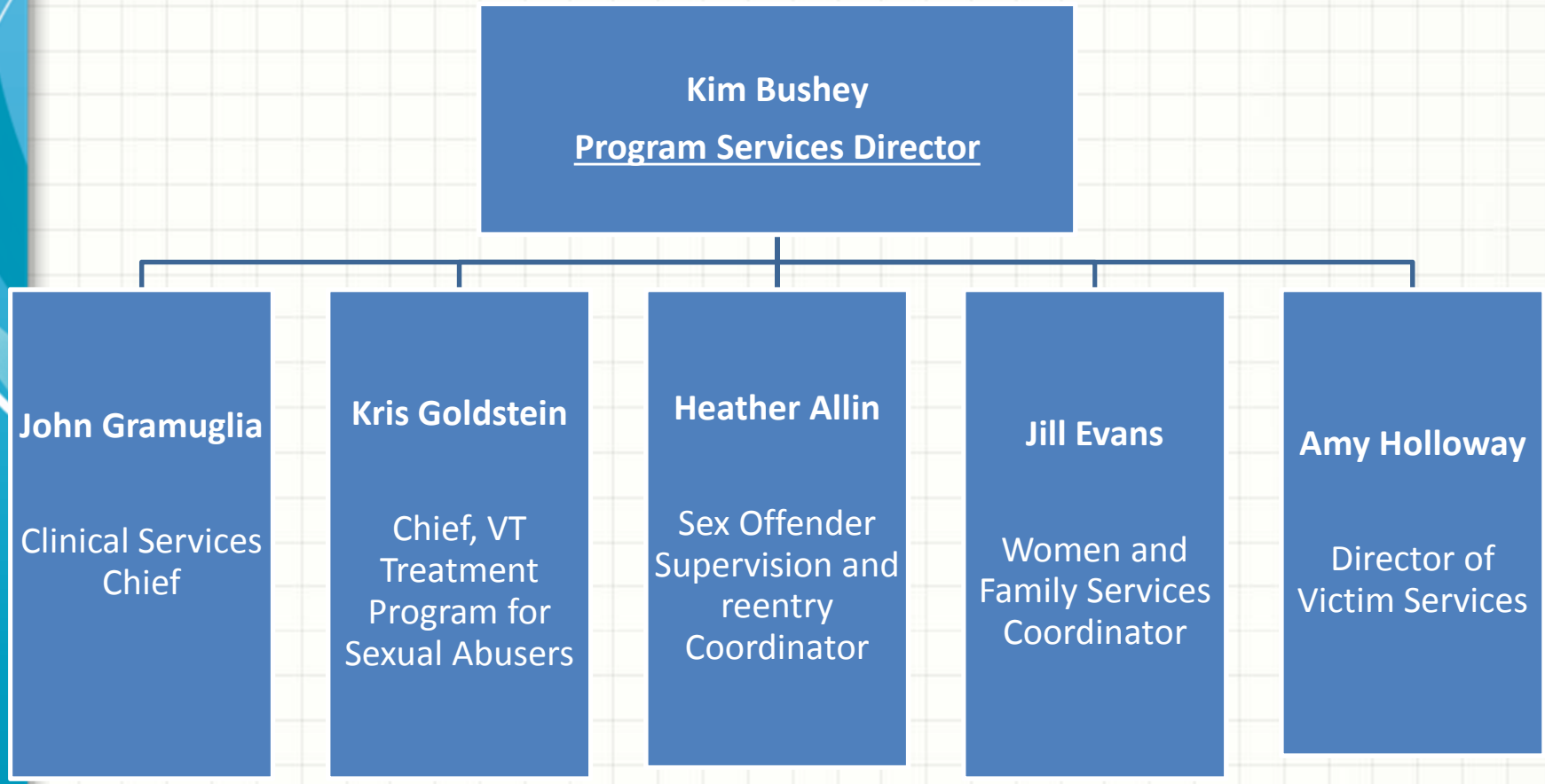
# Current Program Structure

- IDAP, CSC,ISAP, Discovery and VTPSA – all offense based, all but VTPSA one dose option irrespective of assessed risk and criminogenic needs
- Each curriculum has its own supervision structure
- Each curriculum has its own program team meeting
- None of the supervision structures permit influence on hiring and training needs
- Inconsistent communication regarding assessed risk and criminogenic needs separate from the specific area that the curriculum addresses
- Gender specific programming in the community is limited to ISAP – substance abuse and property offenses – and inconsistently has volume to support delivery

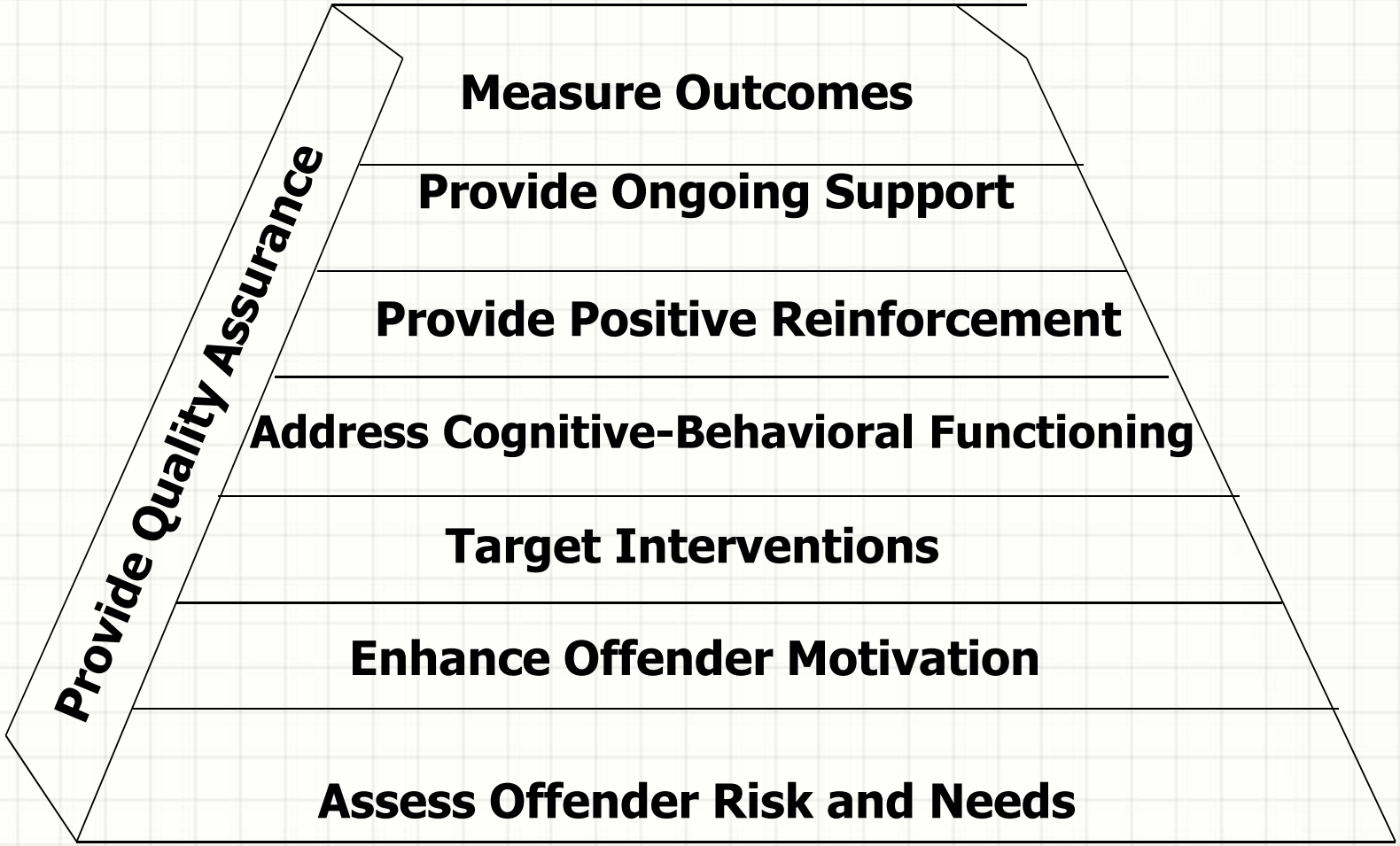
# Evolution of Programming in VT DOC

- 1980s and 1990s began use of the stand alone curriculum such as Life Skills, Reasoning and Rehabilitation, Cognitive Self Change, Substance Abuse (including ISAP) and Sexual Aggression (VTPSA)
- Mid 1990s and early 2000, VT DOC added gender specific and domestic violence
- 2010 and 2011 PSG reviewed current program delivery system and best practice in criminal justice population
- 2011 Contract with the University of Cincinnati to train in the correctional program assessment tool, Correctional Program Checklist
- 2011 VT DOC sampled three programs/curricula delivery using this assessment tool. All three scored in the ineffective range.
- VT DOC used this information from the sampling to assist in the identification of systemic improvements and treatment targets which could enhance VT DOC effectiveness within current capacity (funding, leadership and partners). VT DOC is preparing to transition both structurally and in specific intervention models to enhance effectiveness

# VTDOC Program Services



# BOP Eight Evidence-Based Principles



# Principal 1: Target Criminogenic Factors

Good programs target factors related to offending, *and that can be changed*. These dynamic factors are commonly known as ***criminogenic needs***.

- Criminal History
- Education & Employment
- Financial
- Family/Marital
- Housing

- Leisure/Recreation
- Companions
- Alcohol & Drugs
- Emotional/Personal
- Attitudes/Orientation

# Principle 2: Conduct Thorough Assessment of Risk and Need

Research indicates that correctional treatment programs that conduct thorough, rigorous and objective assessment of offenders and use the assessment information to inform treatment planning decisions have much better outcomes than programs that do not do such assessment.

- **Risk:** the probability that offender will commit additional offenses after release from incarceration.
- **Need:** the specific problems or issues that contribute to an offender's criminally deviant behavior. Needs are by definition dynamic (changeable) and can be targeted by

# Principle 3: Base Design and Implementation on a Proven Theoretical Model

Effective programs work within the context of a proven (evidence-based) theory of criminal behavior. Proven theories include social learning and cognitive-behavioral.

# Principle 4: Use a Cognitive-Behavioral Approach

- Thinking and behavior are linked; offenders behave like criminals because they think like criminals; changing thinking is the first step towards changing behavior.
- Effective programs attempt to alter an offender's cognitions, values, attitudes and expectations that maintain anti-social behavior.
- Emphasis on problem solving, decision making, reasoning, self-control and behavior modification, through role playing, graduated practice and behavioral rehearsal.

# Cognitive-Behavioral Approach (continued)

- Good cognitive-behavioral programs not only teach offenders about more socially appropriate behaviors, but also provide them with extensive opportunity to practice, rehearse and pattern these behaviors in increasingly difficult situations - good behaviors are often just habits.

- Every social interaction within the prison (inmate-inmate, inmate-staff, staff-staff) provides opportunity to model, teach and practice pro-social skills.

- Rewards for pro-social behavior are important. Rewards should greatly outweigh punishers.

# Principle 5: Disrupt the Criminal Network

- Effective programs provide a structure that disrupts the delinquency network by enabling offenders to place themselves in situations (around people and places) where pro-social activities dominate.
- Effective programs also help offenders to understand the consequences of maintaining criminal friendships. Role playing can help them to practice building new pro-social friendships.
- Even seemingly non-therapeutic activities can help offenders to develop new hobbies that facilitate pro-social friendships.

# Principle 6: Provide Intensive Services

Effective programs offer services that occupy 40% to 70% of the offender's time while in the program and last 3 to 9 months. The actual length of the program should be driven by specific behavioral objectives of the program and specific needs of the individual inmate. Higher risk offenders require more structure and services than lower risk offenders.

# Correctional Program Checklist

- The Evidence Based Correctional Program Checklist (CPC) is a tool UC use for assessing correctional intervention programs, and is used to ascertain how closely correctional programs meet known principles of effective intervention. The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews.

- Over 600 correctional programs have been evaluated using the above tool in the United States

# Correctional Program Checklist

It is divided into two basic areas; content and capacity.

- The capacity area is designed to measure whether a correctional program has the capability to deliver evidence based interventions and services for offender. There are three domains including: Leadership and Development, Staff, and Quality Assurance.

- The content area focus on the substantive domains of Offender Assessment and Treatment, and the extent to which the program meets the principles of risk, need, responsivity and treatment. There are a total of seventy-seven indicators, worth 83 total points that are scored during the assessment.

# Structure

- VT DOC contracts with individuals and agencies to deliver risk reduction activities
- Risk Reduction Coordinators report to central office program services staff and receive consultation from VT DOC Central Office Staff
- Risk Reduction Coordinators will provide ongoing feedback, audits and consultation to both VT DOC and contracted provider staff

# Structural Transitions

- Targeted training and piloting of skill based curricula by primary partners
- Restructure curricula delivery to include multiple curricula targets and increased individualized program plans
- Restructure program supervision resources into geographic sites
- Restructure program team meetings into multidisciplinary teams with set agenda, formats and documentation

# VT DOC Program Philosophy

- RISK REDUCTION PROGRAMMING is programming that is designed to reduce the risk of an offender committing new offenses.

# Summary of Changes

- Transition from offense based to risk based
- Transition from one curriculum target to multiple
- Transition from one set dose to dosage based upon assessed risk and needs
- Transition from one provider per curriculum to providers flexibility in curriculum delivery
- Improved assessment and program planning
- Consistent program admission and completion criteria
- Consistent oversight and coordination through Risk Reduction Coordinator role – competency based feedback

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# ISR Procedure for Court Referral

- After a plea agreement which allows for 1 to 3 years of supervision (PAF or SCS) a referral is sent to DOC
- DOC staff will assess to determine if the offender is appropriate for PAF or SCS supervision
- DOC staff will conduct risk assessment(s) to determine what needs reducing programming would be required
- DOC staff will submit a report to the court verifying acceptance in to programming
- The report from DOC will note the specific risk areas that will be addressed in programing and will contain a copy of the furlough conditions
- The court will sentence the offender to Department of Corrections Risk Reduction Programming rather than a specific program

# ISR Procedure for DOC staff

- Referral process will remain the same except that a specific program (IDAP/ISAP) will not be requested
- Staff will assess to determine if the offender is appropriate for PAF or SCS supervision
- Staff will conduct risk assessment(s) to determine what needs reducing programming would be required and will review with offender
- Offender must sign a participant agreement and furlough conditions
- Offender must have an approvable residence
- A report will be sent to the court verifying acceptance in to programming along with a copy of the furlough conditions
- The report will note the specific risk areas that will be addressed in programing

# VT DOC Initiatives to Date

- Significant training and piloting of skills based curriculum (NIC Thinking for a Change v.3; UCCI –Cognitive Behavioral Intervention-Substance Abuse, Aggression Interruption; Motivational Interviewing – Cognitive Behavioral Intervention) with National Training teams from the National Institute of Corrections and the University of Cincinnati Criminal Justice Institute
- Repeated training and exposure to Evidenced Based Practices in Correctional Populations – CJC- Ed Latessa, PhD; DOC Correctional Institute 2011
- Effective Practices in Correctional Intervention – DOC Staff preparing for T4T 2014
- Transition to the Ohio Risk Assessment System (ORAS) – which will enhance the VT DOC capacity for accurately assess risk at different points on the sequential intercept
- Piloted: Client Evaluation of Self and Treatment – planned expanded use
- Addition of the DVIS R – domestic violence risk assessment 2013
- Addition of the Montreal Cognitive Assessment – 2013/2014

# Priority Populations

- Listed Violent Offenders with assessed moderate to high risk who have not completed or been terminated from risk reduction services
- Field: furlough PAF, CR who were PAF and are pre min, SCS, RF, CR who are transitioning from facility risk reduction programs and need continuing care
- Sanction/violation services and/or re entry services for continuing care phase
- ALL dosage at ALL points count toward total risk reduction DOSAGE recommendation

# Referral and Assessment

- DOC sites will appoint a Site Liaison to coordinate and team with the Risk Reduction Coordinator
- DOC site Liaison will coordinate the referrals to the program RRC
- DOC staff will conduct risk assessments and provide:
  - Summary of overall risk, target need areas (sub categories in risk assessment
  - Supervision/offending behavior concerns
  - Supervision status and history
  - Sentence structure, including Minimum and Maximum

# Referral and Assessment 2

- Risk Reduction Coordinator will assign and/or coordinate the completion of additional supplemental assessments, including the MoCA, ASI
- Risk Reduction Coordinator will coordinate the development of risk reduction program plan – to include recommended curricula, recommended priorities in delivery and review with Site Liaison
- RRC will coordinate program intake and orientation, to include any recommended curricula or skills delivery prior to offender beginning in PHASE 1-

# Standardized Risk Reduction Program Intake and Orientation

- Program Participation Forms, notice of non confidentiality, program fees all standardized.
- Program Orientation can be delivered in group/s or individually based upon the number of new participants referred and admitted.
- Program Orientation will include brief model description, targets of intervention, participation agreement review, suspension and termination processes (including absences, program participation reviews, etc.)
- Sample drop in curricula for up to 90 days include: Charting a New Course, Change Companies, Healthy Relationships
- Minimum length of time for referral and admission is 30 days with a completed referral packet.

# PHASE 1 Core Skill Delivery

- Phase 1 is the only phase which must be entered and completed in a predominately closed group.
- Phases are scheduled to rotate on 90 day rotations
- Phase 1 curriculum will include:  Thinking for a Change
- Cognitive Behavioral Intervention – Substance Abuse
- Criminal Conduct and Substance Abuse – Phase 1(facility only)
- Charting a New Course – can be continued if indicated
- Segments of “Healthy Relationships” and/or STOP v.3
- Delivery is minimum of 3 hours per week and up to combined curriculum of 7.5 hours per week ( high risk individuals who are NOT employed or employable)
- Delivery can and should include referral to CHSVT for education and/or employment skills
- 12 week phase

# Phase 2 Specialization Skill Delivery

- 12 week design
- Completion of Core skills will permit ability to enter at any point in the rotation
- Curriculum includes:
- Aggression Interruption,
- Healthy Relationships -2 and/or segments of STOP v.3,
- Criminal Conduct and Substance Abuse (facilities) Phase 2

# Phase 3 – Continuing Care

- 12 week rotation
- Open ended
- Thinking for a Change – continued care skills
- Criminal Conduct and Substance Abuse –Phase 3 Relapse Prevention
- May include referral to local Community Justice Centers for enhanced social support and structured leisure/community engagement – including “Safe Driving”, etc.

# Risk Reduction Program Teams and Program Review

- Facilitation teams/by site meet weekly with RRC and Site DOC Liaison to:
  - Organize intakes/assessment/program plan development
  - Review new intakes and plans
  - Discuss curricula delivery and/or participation issues and/or critical concerns
  - Program reviews during phase will focus on new admissions, critical concerns and suspension's/terminations and will be documented per participant reviewed

# Risk Reduction Program Teams and Reviews

- Curricula delivery will cease every 90 days between phases
- Program Teams will meet individually to discuss program progress and evaluate readiness for progression to next phase
- Participants who were not reviewed for participation issues or critical concerns in the prior phase, should move to the next phase
- Risk Reduction facilitators in concert with DOC supervision staff will address behaviors indicative of poor skill development and practice.
- Recommended that supervision strategies relate to improvement and/or deterioration in skill practice over time.

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# Documentation

- Standardized notes and file system
- Hard files, while DOC trying to purchase new OCMS, but limited documents.
- Partners with electronic records will print out assessment, discharge summaries and notes and be responsible for any hard files they are using.

## Regional Field-Based Risk Reduction Coordinators –

Report to John Gramuglia

**Northwest – 2 Field Offices**

St Albans, Burlington

**Northeast – 4 Field Offices**

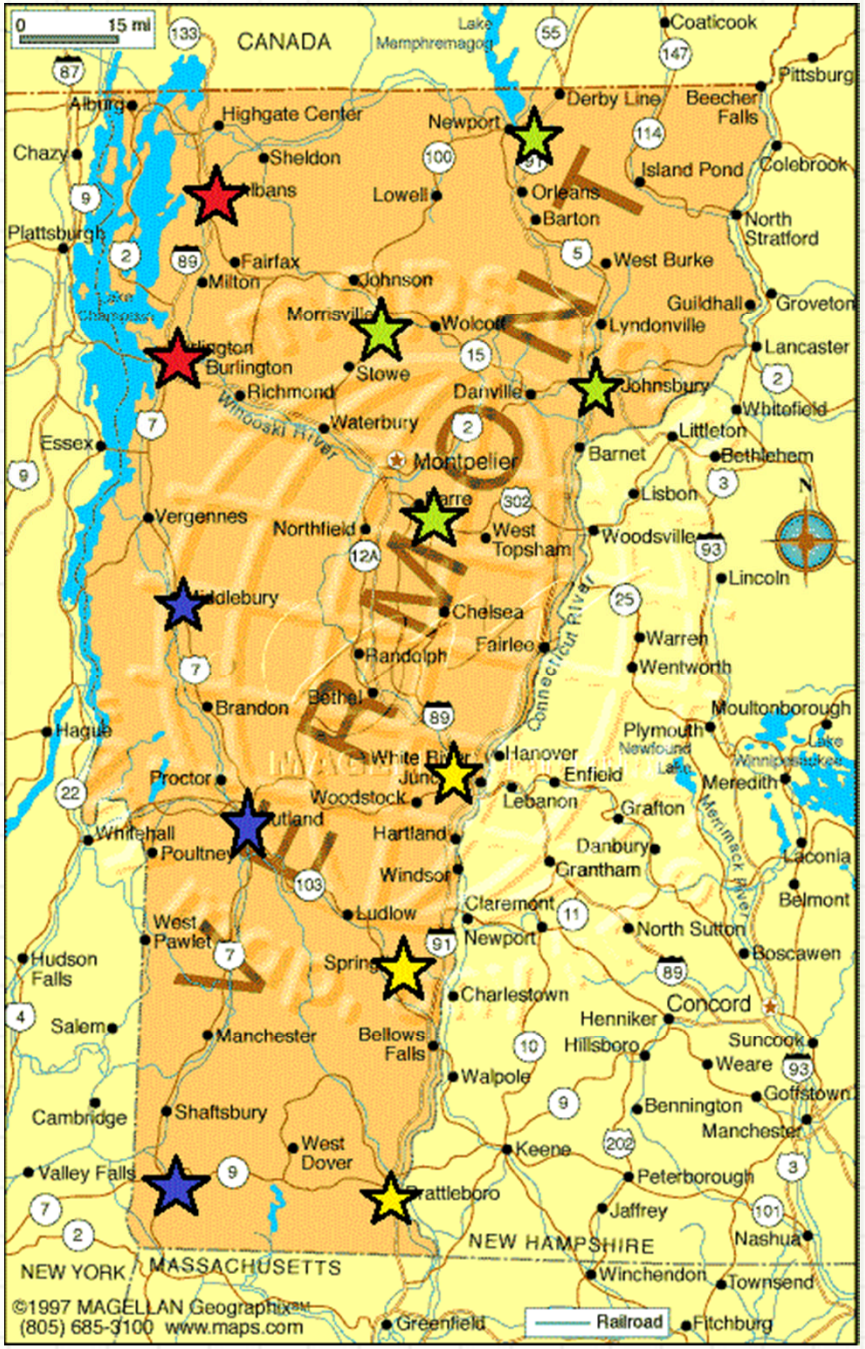
Newport, Morrisville, Barre, St Johnsbury

**Southwest – 2 Field Offices**

Rutland, Bennington

**Southeast – 3 Field Offices**

Hartford, Springfield, Brattleboro



# Community Delivery

- Intake and Orientation:  30 to 90 days
  - Updated risk assessments, supplemental assessments
  - Development of individualized risk reduction program plan, coordinated with OCP
  - Participation in orientation curriculum, completion of program participation agreements, notice of non confidentiality, coordination with supervision and Offender Case Plan
  - Rolling OPEN admission
  - 9 hours minimum dosage

# PHASE 1 SKILL BASED Curriculum

- ONLY PHASE which is CLOSED admission
- 3 months at twice per week
- Minimum 3 hours per week = 45 hours dosage minimum per curriculum
- SAMPLE- Thinking for a Change
  - » Cognitive Behavioral Intervention – Substance Abuse
  - » Healthy Relationships

# PHASE 2

- Three months
  - Minimum Dosage is 45 hours
  - Sample Curriculum:  Thinking for a Change
    - Cognitive Behavioral Intervention Substance Abuse
    - Healthy Relationships (part 1 or part 2)
    - Criminal Conduct and Substance Abuse

# Community delivery continued

- Target population
  - Moderate to high risk offenders
    - Prioritize violence and substance abuse
    - MAXIMUM COMMUNITY DOSAGE:  150 hours over 15 months (average of 3 hours per week)

# Southeast State Correctional Facility

Sex Offender Population

- 1 Facility Superintendent
- 1 Asst Superintendent
- 1 Casework Supervisor/Living Unit Supervisor
- 2 Caseworkers

| Program Capacity | Facilitators | Groups |
|---|---|---|
| 70 men at SESCF<br>10 men at SOSCF | 5 | 36 groups a week<br>100 Hours per week |

# VT Treatment Program for Sexual Abusers (VTPSA

- VTPSA was the first statewide network of prison and community sex offender treatment in the US. The VTPSA prison program started in 1982 and the outpatient program started in 1983.
- There are 4 prison levels of the program at Southeast State and Southern State
  - Low intensity (6 months)
  - Moderate Intensity (12 months)
  - High Intensity (24 months)
  - Adaptive moderate or high for persons with special needs.
- Sex offender treatment for women at CCCF is individualized based on the low numbers of incarcerated female sex offenders.
- There are 10 community based sites: Barre, Bennington, Brattleboro, Burlington, Hartford, Newport, Rutland, St. Albans, St. Johnsbury and Springfield

# Northern State Correctional Facility

General Violence, Domestic Violence and Substance Abuse Population

- 1 Facility Superintendent
- 2 Asst Superintendent
- 2 Casework Supervisor/Living Unit Supervisor
- 5 Caseworkers

| Program Capacity | Facilitators | Groups |
|---|---|---|
| 120 men | 5 | 50 to 60 groups a week<br>75-90 hours per week |

# Northern State Facility

- Target population:  Male inmates assessed moderate to high risk
- Dosage: dependent upon risk levels with capacity up to 200 hours over the course of nine to twelve months
- Criminogenic Prioritized Needs:
  - Anti social attitudes and orientation
  - Anti social traits
  - Antic social companions
  - Substance abuse
  - Aggression (domestic, familial and stranger)
  - Education
  - Employment readiness

# Chittenden Correctional

- Target Population: moderate – high risk female offenders, listed violence and recent returns from community supervision
- Development of Tracks
  - Moderate  high risk violent female offenders
    - Aggression Interruption
    - Thinking for a Change
    - Criminal Conduct and Substance Abuse

    Dosage – 150 to 200 hours

# CCCF

- Development of a Violation/Sanction track
  - Moderate to high risk female offenders returned from community supervision
  - 30 -90 day time frame
  - Criminal Conduct and Substance Abuse
  - Thinking for a Change
  - Charting a New Course

# Tapestry

- Residential substance abuse and correctional intervention
- 33 bed facility in Brattleboro, VT
- Phase 1: referral from Probation and Parole offices
  - 30 to 90 day stabilization and re engagement

  Phase 2: recommendation from Probation and Parole, approval required from Central Office

  Participants from Phase 1 who are recommended by Tapestry for extended stay and who voluntarily agree

  MUST NOT bump Phase 3 or Phase 1 bed utilization

  Phase 3: pre minimum treatment furlough eligible women with substance abuse needs

  Six to Twelve months treatment furlough – must be on mittimus or court notification of DOC intent to treatment furlough

# Transition Enhancements

- Northwest Correctional Facility
  - 10 additional hours per week

  Marble Valley
    - 10 additional hours per week

    - Northeast Regional/Caledonia
      - 1 FTE delivery of substance abuse curriculum in camp

      Re entry substance abuse assessment capacity

# Identified Curricula

# Charting a New Course

- Modules:  Tactics, Closed thinking, victim role, I'm Okay, Reckless and Careless Attitude, Instant Gratification, Fear of "Losing Face", Power and Control, Possessive Attitude, Superior Uniqueness
- Dosage:  up to 165 hours in 110 lessons
- Model:  OPEN
- Planned Delivery:  Field and Facility intake/orientation
- Target Criminogenic Needs:
  - Anti social attitudes and orientations
  - Anti social personality traits

# Texas Christian University Curriculum

- Modules:  Motivation -4 sessions
  - » Unlocking Your thinking – 4 sessions
  - » Communication – 4 sessions
  - » Anger – 3 sessions
  - » Social Networks – 3 sessions
  - » Sexual Health – 3 sessions
  - » DOSAGE:  all stand alone
  - » DELIVERY:  intake/orientation
  - » Planned Delivery:  field and facilties
  - » Model:  OPEN

# Thinking for a Change

- Modules: social skills, cognitive restructuring skills, problems solving skills
- Dosage:  37.5 hours in 25 lessons
- Model:  CLOSED
- Continuing Care: up to an additional 75 hours of dosage in up to 50 lessons
- Target Criminogenic Needs: attitude and orientation, anti social personality traits, emotional/personal
- Planned delivery:  Facility and Field: in PHASE 1 or Phase 2(open in 2)

# Cognitive Behavioral Intervention Substance Abuse

- Modules: pretreatment, motivational engagement, cognitive restructuring, emotional regulation, social skills, problem solving, relapse prevention
- Dosage: 63 hours in 42 sessions

Target Criminogenic Needs: attitude and orientation, substance abuse, leisure, emotional personal, relationship skills

Model: Phase 1 – Closed

Phase 2 - Open

# Criminal Conduct and Substance Abuse

- Phase 1:  CHALLENGE to CHANGE
  - Orientation, CBI approach to Change and Responsible Living
  - Alcohol and other drug patterns and outcomes
  - Understanding and changing criminal thinking and behavior,
  - Sharing and listening
  - Understanding and preventing relapse and recidivism
  - Steps and skills for Self Improvement and Change
  - DOSAGE – 30 hours in 20 lessons
  - MODEL - OPEN

# Criminal Conduct and Substance Abuse

- Phase 2: Commitment to Change, Strengthening skills for self improvement,
  - Modules:  mental self control, managing thoughts and emotions, social and relationship skill building, skills in social and community responsibility
  - DOSAGE: 33 hours in 21 lessons
  - MODEL:  OPEN
  - Delivery:  Facilities (NSCF, CCCF, SSCF)
  - Possibly phase 2 for substance abusers in field
  - Targets for Criminogenic Needs: attitude and orientation, companions, substance abuse, family/marital/leisure, emotional/personal, anger/aggression, relationship skills, health

# Moving On – Gender Specific

- Modules:  Transitions
  - Listening and being heard 5 sessions
  - Building healthy relationships -5 sessions
  - Expressing emotions – 5 sessions
  - Making connections – 7 sessions
  - Transitions
  - DOSAGE: 9 – 13 weeks 30 hours
  - Planned delivery: CCCF/Field
  - Target criminogenic needs:  social, emotional/personal, family/marital

# Healthy Relationships after Violence – in development

- Current proposal includes:
  - 4 orientation sessions
  - Phase 1 and Phase 2
  - Model is OPEN
  - Meets twice per week for two hours per session

# Aggression Interruption Training

- Modules: Structured Learning training
  - » Anger Control Training
  - » Moral Reasoning
  - » Dosage: 20 hours in 10 lessons
  - » Model:  CLOSED
  - » Planned Delivery:  FACILITIES (NSCF, SSCF, CCCF)
  - » Target Criminogenic Needs: attitude and orientation, family/marital, emotional/personal, relationship skills

# IMPLEMENTATION TIMELINES

- Ohio Risk Assessment System:  Train the Trainers scheduled the week of October 28, 2013
- Aggression Interruption: Training scheduled for providers week of October 28, 2013
- Cognitive Behavioral Intervention Substance Abuse: Train the trainers weeks of October 28, 2013
- ORAS implementation: web base module in discussion with UCCI and DII
- Effective Practices in Correctional Supervision: Train the Trainers preliminary scheduling January 2014

# Implementation Continued

- DVSIR training: September 10, 2013 DOC trainers, IDAP coordinators to develop inter rater reliability, implement pilot in the field, norm scores to VT population
- Domestic Violence Stakeholder Summit: initial planning and framing late October/November 2013 (victim contact standards, multi disciplinary teams/high risk pilot in Rutland/Brattleboro possible)
- Risk Reduction Coordinator: selection and contracts initiated September 27, 2013
  - Contracted for October 28, 2013 start
  - Orientation early November

# Implementation continued

- Provider Facilitator Meeting with Risk Reduction Coordinators: early/mid November
  - Northern State begin early December/January
  - MODEL TRANSITION
    - Site Liaison and RRC identify new referrals to begin in new INTAKE/ORIENTATION late Nov/Dec
    - Curriculum transitions: pilots of Thinking for a Change, Cognitive Behavioral Intervention Substance Abuse, and Criminal Conduct and Substance Abuse will cease and full implementation will begin December 2013

# Implementation continued

- Curriculum Transitions continued:
  - Training and implementation of orientation curriculum: Charting a New Course and Texas Christian University curriculum will begin November 2013
  - Healthy Relationships curriculum, under development training and piloting to begin November/December

# Program Teams

- Multi Disciplinary Team meetings to begin transition November and December 2013
- Scheduling to be coordinated with the local and regional sites Liaisons and Risk Reduction Coordinators
- Field and Facility Program delivery to transition to PHASE scheduling to promote consistent schedules for facilitators and participants
- Risk Reduction Statewide Contracts END MAY 2014 and will fully shift to Regional Risk Reduction Models for JUNE 2014 with new contracts with consistent standards for delivery